

DUCHESNE COUNTY VOLUNTEER APPLICATION FORM

Date: _____

Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

If you anticipate operating a motor vehicle for and in behalf of Duchesne County while acting as a volunteer for the Duchesne County Fair, please fill out the Driver's License Information below.

Driver's License Number: _____ State Issued: _____ Expires: _____

Volunteer Verifications

Have you ever been convicted of a misdemeanor (excluding moving violations) or a felony?

(A "YES" answer to this question is not an automatic disqualification)

- ☐ YES. Please explain: _____
- ☐ NO

Please check the following activities and functions you will be volunteering:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Pig Wrestling | <input type="checkbox"/> Triathlon | <input type="checkbox"/> Softball | <input type="checkbox"/> Horse Pull |
| <input type="checkbox"/> Rodeo | <input type="checkbox"/> Fun Run/Walk | <input type="checkbox"/> Arena Cross | <input type="checkbox"/> Little Buckaroo |
| <input type="checkbox"/> Monster Truck | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Petting Zoo |

You acknowledge that if your application is approved, you will be considered a "volunteer" according to Utah Code Annotated 67-20-1 et. seq. As a volunteer government worker, you receive liability protection and indemnification (reimbursement for legal fees and costs) normally afforded a government employee. Your exclusive remedy for personal injury or occupational diseases will be workers' compensation medical benefits.

By making this application, I hereby authorize Duchesne County to perform criminal history background checks, or to obtain any other information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the volunteer position for which I am applying. I release Duchesne County of any liability for the use of this information in considering and reviewing my application.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL

☐ **I HAVE READ AND SIGNED THE SEXUAL HARASSMENT POLICY**

VOLUNTEER SIGNATURE

DATE

A copy of the completed volunteer application, including checking the box for reading the sexual harassment policy, must be given to the Personnel Department. Please fax form to 435-738-1221. You may also mail or personally deliver to Melissa Yergensen, Personnel Office, 734 N. Center Street, P.O. Box 346, Duchesne, UT 84021.